



Zostavax vs. Shingrix – Which Should Pharmacists Recommend

Ali Chaudhry*

Shoppers Drug Mart, Thunder Bay, Canada

*Corresponding Author: Ali Chaudhry, Shoppers Drug Mart, Thunder Bay, Canada.

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With the release of the new vaccine Shingrix for the prevention of shingles and postherpetic neuralgia, it begs the question as to whether this new vaccine is any better than the current vaccine, Zostavax. Pharmacists are in a unique position to help identify patients who are at risk of developing shingles, and by knowing which vaccine is better suited for a patient, can potentially help a patient from long term suffering.

Shingles, also known as Herpes Zoster, is when the varicella-zoster virus (VZV) reactivates from within the body [1,2]. This virus is present when it causes an individual to get chickenpox [1]. Once chickenpox has resolved, the virus remains dormant within the body and reactivates as a person ages [1,2]. Shingles causes painful blisters to form on the body, which can be treated with antivirals, but only within the first 72 hours at the time of onset of the infection [2]. Even after the infection has resolved, there is a possibility for the patient to develop postherpetic neuralgia (PHN), which is pain at the site of the resolved rash [1,2].

The current vaccine, Zostavax, which is a live vaccine, is recommended for all individuals 60 years of age and older, but can be given to patients 50 - 59 years of age [3]. It is a single dose, that is given subcutaneously, and is only considered 51% effective in preventing shingles and PHN [3]. Zostavax should be avoided in patients who are considered immune-compromised, or allergic to gelatin or neomycin [3]. When an individual is given Zostavax, it is still considered safe for them to be around immune-compromised patients, pregnant women or young children [3]. Side effects of Zostavax include a sore arm, headache, swelling and redness at the injection site, or a rash [3-6].

The new vaccine Shingrix, which is an inactivated vaccine, is recommended for all individuals 50 years of age and older [4]. It is comprised of two separate doses, one given at the selected date and the second one given 2 - 6 months later [4]. Shingrix is 90% effective for preventing shingles and PHN and unlike Zostavax can be given to any individual over 50 years of age, including those who are immune-compromised [4]. Patients, who have received Zostavax, can be given Shingrix, provided at least 8 weeks have gone after receiving Zostavax, as Zostavax loses its effectiveness over time [3,4]. But, similar to Zostavax can be given to individuals who have had shingles in the past [4]. Another difference between Shingrix and Zostavax is that Shingrix is an intra-muscular injection, which means that the common side effects include a sore arm, headache, swelling and redness at the injection site [4-6].

In summary, it would appear that this new vaccine is more effective and can be given to more broad range of patients, which is the reason that pharmacists should begin recommending Shingrix.

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